

## REGISTRATION FEES:

**\$25.00** for Important Considerations for Detection and Reporting of Antibacterial Resistance

**\$10.00** for Methicillin-Resistant *Staphylococcus aureus* in Hawaii

Fee includes breaks and all course materials.  
Space is limited, so please register early.

**TO REGISTER:** Complete all sections of the application form. Deadline for application is August 4, 2003. If paying by check, make check payable to APHL.

If paying by credit card (Visa, MasterCard, American Express), complete the credit card information. Mail payment and completed application form to:

National Laboratory Training Network  
California Department of Health Services  
850 Marina Bay Parkway, E164  
Richmond, CA 94804

Or

You may fax the completed registration form to NLTN at: 510-412-1412.

**DIRECTIONS:** to the site are included.

CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
NATIONAL LABORATORY TRAINING NETWORK  
RICHMOND OFFICE  
850 MARINA BAY PARKWAY, E164  
RICHMOND, CA 94804

PLEASE COPY AND POST.

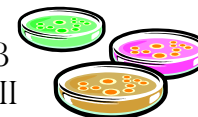
FIRST CLASS MAIL

## ANNOUNCING TWO EXCITING COURSES:



### IMPORTANT CONSIDERATIONS FOR DETECTION AND REPORTING OF ANTIBACTERIAL RESISTANCE

AUGUST 18-19, 2003  
PEARL CITY, HAWAII



### METHICILLIN- RESISTANT *Staphylococcus* *aureus* IN HAWAII

AUGUST 20, 2003  
PEARL CITY, HAWAII



*Sponsored by*

State of Hawaii Department of Health  
National Laboratory Training Network

## IMPORTANT CONSIDERATIONS FOR DETECTION AND REPORTING OF ANTIMICROBIAL RESISTANCE AUGUST 18 AND 19, 2003



### PROGRAM DESCRIPTION

This program, conducted in two afternoon sessions, will provide information that will help you decide which organisms and drugs to test and which drugs to report. Ms. Hindler will also present a strategy for handling bacteria not addressed in the NCCLS standards, and will provide suggestions for ways to identify and verify “weird” antimicrobial susceptibility testing (AST) results generated on patient isolates. The program will emphasize effective reporting of results so that physicians can utilize the results appropriately to improve patient outcomes.

### PROGRAM OBJECTIVES

Upon completion of the workshop, participants will be able to:

- Explain how to implement current NCCLS antimicrobial susceptibility testing and reporting recommendations.
- Summarize practical strategies for handling AST of bacteria not addressed in NCCLS standards.
- Discuss steps that can be taken to verify AST results obtained on bacteria isolated from patients.

### INSTRUCTOR

**Janet Hindler, MCLS, MT(ASCP), F(AAM)**

Ms. Hindler is a Senior Specialist in Clinical Microbiology for the Division of Laboratory Medicine at UCLA Medical Center in Los Angeles, California. She is a widely recognized expert in AST and a consultant for the Centers for Disease Control and Prevention (CDC), Division of Laboratory Systems, Atlanta, GA.

## SCHEDULE

### AUGUST 18, 2003

- 1:00 p.m. Registration
- 1:20 p.m. Overview and opening remarks
- 1:30 p.m. How to use 2003 NCCLS standards to guide AST decisions
- 2:15 p.m. Break
- 2:30 p.m. Bacteria not addressed in NCCLS standards
- 3:00 p.m. Gram Positive Bacteria: AST results and effective reporting
- 4:00 p.m. Discussion
- 4:30 p.m. Adjourn

### AUGUST 19, 2003

- 1:30 p.m. Gram Negative Bacteria: AST results and effective reporting
- 2:15 p.m. Break
- 2:30 p.m. Assessing competency in antimicrobial susceptibility testing
- 3:15 p.m. Discussion
- 3:45 p.m. Adjourn

## METHICILLIN-RESISTANT *Staphylococcus aureus* IN HAWAII AUGUST 20, 2003



### PROGRAM DESCRIPTION

Join your infection control and clinical microbiology colleagues for an in-depth look at comparing NCCLS guidelines to other methodologies for removing duplicate isolates, and at 3-year trends and prevalence data for methicillin-resistant *Staphylococcus aureus* in Hawaii.

## PROGRAM OBJECTIVES

Upon completion of the workshop, participants will be able to:

- Describe the different de-duplication methodologies used to create antimicrobial susceptibility antibiograms.
- Discuss the MRSA 3-year trends in Hawaii.
- Discuss the MRSA prevalence among inpatients and outpatients in Hawaii.

### INSTRUCTORS

*Paul E. Effler, M.D., M.P.H.*

State Epidemiologist, Disease Outbreak Control Division Chief, Executive Director of Bioterrorism, Hawaii State Department of Health, Honolulu, Hawaii.

*Fenfang Li, B.A.*

Research Assistant, University of Hawaii, Department of Public Health Sciences and Epidemiology, Honolulu, Hawaii.

*Susan Moriyama-Yi, M.D.*

Epidemiological Specialist, Hawaii State Department of Health, Disease Outbreak Control Division, Honolulu, Hawaii.

## SCHEDULE

### AUGUST 20, 2003

- 1:15 p.m. Registration
- 1:30 p.m. Overview and opening remarks-  
*P. Effler*
- 1:50 p.m. Comparing NCCLS guidelines to other methods for removing duplicate isolates, Hawaii 2002 raw data  
*S. Moriyama-Yi*
- 2:20 p.m. Break
- 2:45 p.m. MRSA 3-year trend in Hawaii from 2000-2002  
*S. Moriyama-Yi and F. Li*
- 3:15 p.m. Discussion
- 3:45 p.m. Adjourn

## CONTINUING EDUCATION

- Continuing education credit will be offered based on 5 hours of instruction for Important Considerations for Detection and Reporting of Antimicrobial Resistance (August 18, 19). **Both days must be attended to receive credit.**
- Continuing education credit will be offered based on 2 hours of instruction for Methicillin-Resistant *Staphylococcus aureus* in Hawaii (August 20).
- The NLTN is approved by the California Department of Health Services as a CA CLS Accrediting Agency (#0022).

## SPECIAL NEEDS AND ADDITIONAL INFORMATION

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN Richmond Office at least 14 days prior to the workshop by calling 1-800-536-NLTN or 510-412-1400. You may send a fax to us at 510-412-1412 or you may send an e-mail to [poffice@nltn.org](mailto:poffice@nltn.org).



The National Laboratory Training Network is a training system sponsored by the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL).

## DIRECTIONS TO SITE

**Hawaii Department of Health State Laboratories  
Division Auditorium  
2725 Waimano Home Road, Pearl City, HI**

Coming from Honolulu via Red Hill or H1 West:

- Take Exit #10 to merge with Moanalua Road going in the Ewa direction.
- Continue on Moanalua Road to the third traffic light and turn right onto Waimano Home Road.
- Stay in the right lane and follow Waimano Home Road up to the security guard entrance to Waimano Training School and Hospital grounds.
- Continue straight up the main road, taking the left fork, for about a mile.
- Turn right at the State Laboratories Facility sign.
- Proceed to the parking area and park in marked stalls.

Coming from Ewa via H1 East: (same as above)

## NEW ! NLTN LENDING LIBRARY INDEX IS NOW ON-LINE.

Log on to [www.nltn.org](http://www.nltn.org) and become a user of the National Laboratory Training Network's on-line Lending Library Index. The index lists over 900 training and educational materials available for loan, **free of charge**, to laboratory scientists. Ideal for in-service training, cross-training, student education and self-study, the lending library items are available in a variety of formats. Log on to the NLTN Lending Library Index, create your library user account and begin checking out items on-line today at [www.nltn.org](http://www.nltn.org).



## National Laboratory Training Network Registration Form

(Please type or print.) Check which event(s) you plan to attend.

- ☐ Important Considerations for Detection & Reporting of AMR  
☐ Methicillin-Resistant *S. aureus* in Hawaii

PA2404, August 18-19, 2003, Pearl City, HI  
PA2504, August 20, 2003, Pearl City, HI

### Applicant Information

(Dr./Mr./Miss./Ms./Mrs.)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ State Licensure Number: (If applicable): \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Mailing Address: (Please specify, Employer's or your Home address?) \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

(May we E-mail future training event notifications? Please circle, YES or NO.)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(Please review all options in the three categories before circling the one most appropriate in each category.)

### Occupation

Physician 01  
Veterinarian 02  
Laboratorian 04  
Nursing Professional 05  
Sanitarian 06  
Administrator 08  
Safety Professional 11  
Educator 13  
Epidemiologist 14  
Environmental Scientist 15  
Other 12

### Type of Employer

Health Department (State or Territorial) 01  
Health Department (Local, City or County) 03  
Government (Other Local, not City or County) 04  
Centers for Disease Control and Prevention 05  
U.S. Food and Drug Administration 09  
U.S. Department of Defense 11  
Veterans Administration Medical Center/Hospital 12  
Other (Federal Employer) 15  
Foreign 16  
College or University 19  
Private Industry 21  
Private Clinical Laboratory 23  
Physician's Office Laboratory/Group Practice 24  
Hospital (Private Community) 17  
Hospital (Other) 33  
State Funded Hospital 25  
City or County Funded Hospital 26  
Health Maintenance Organization 28  
Non-profit 31  
Unemployed or Retired 32  
Other 30

### Education Level (Highest Completed)

Degree  
Associate 04  
Bachelor 05  
Masters 06  
Doctoral (M.D.) 07  
Doctoral (Other than M.D.) 08  
Technical/Hospital School 09  
Some College 03  
High School Graduate 02  
Some High School 01  
Other 10

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).CDC 32.1 (Rev. 6/17/2003)

**Register Early!**  
**We expect these classes to fill quickly.**

### Registration Fees:

- ☐ \$25.00 for Important Considerations for Detection and Reporting of Antimicrobial Resistance  
☐ \$10.00 for MRSA in Hawaii

### Registration Deadline: August 4, 2003

- ☐ Enclosed is my check or money order payable to APHL.  
☐ Bill my credit card. (Circle one.)  
VISA Master Card  
American Express

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

Submit your completed registration form to:

NLTN Richmond Office  
California Department of Health Services  
850 Marina Bay Parkway, E164  
Richmond, CA 94804

Or by Fax to: 510-412-1412